

# Arkansas Health Information Technology Executive Committee Meeting



**DR. JOSEPH THOMPSON  
SURGEON GENERAL**

**APRIL 16, 2010**

**ARKANSAS CENTER FOR HEALTH IMPROVEMENT  
EXECUTIVE CONFERENCE ROOM**

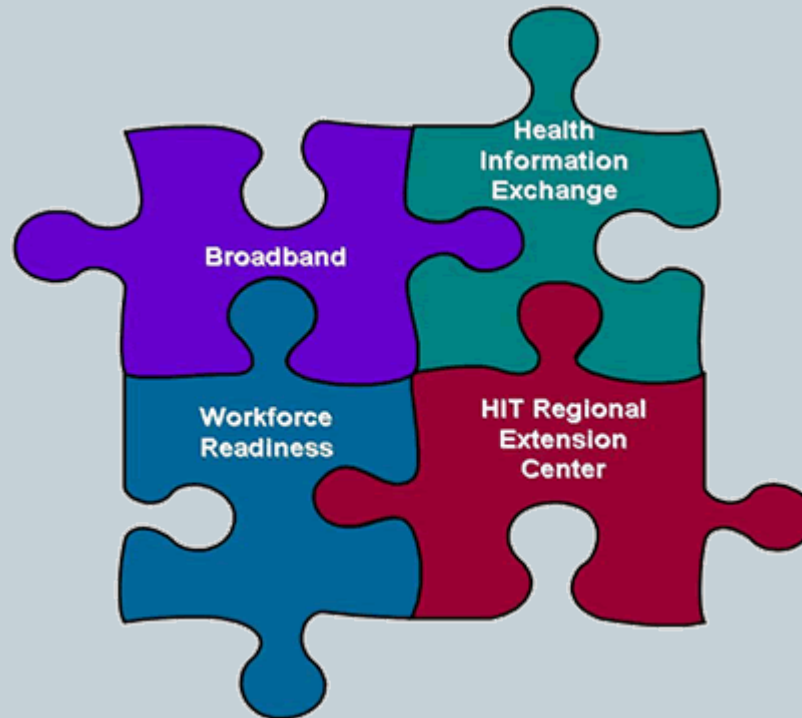
**11:00 AM TO 1:00 PM**

# Welcome



- Review of previous meeting minutes
- Review agenda
- Announcements

# REC Update



# Workgroup Straw Proposals



## **REVIEW OF ACTIONS TAKEN WITH FINANCE, GOVERNANCE AND TECHNICAL INFRASTRUCTURE STRAW PROPOSALS**

# Finance Strategic Plan Review



- Basic budget developed for 2010-2013
- Blend of public funding (\$7.9mm federal, \$600k state), private investment and user fees over three phases (Phase 1 – pilot/proof of concept, Phase 2 – implementation/operational, Phase 3 – sustainability)
- Some direct financing expected from state agencies (ie DHS, DOH, Insurance Dept), indirect financial support from other HIT-related programs in state
- User fee/rate structure: basic package options with option of value-added services

# Governance Strategic Plan Review



## **Two Phased Governance Approach**

1. Initial state-led model
2. Transition to a more public-private collaborative after the 2011 legislative session

## **Executive Committee Transition**

- Executive Committee will transition to the newly created HIE Council
- HIT Taskforce will transition to the newly created HIT/HIE Stakeholders' Forum
- Formal HIE Board will be established in phase two

# Technical Infrastructure Strategic Plan Review



- Standards-based exchange of health information
- Incrementally migrate from basic to full integration as standards and technologies evolve
- Capitalize on existing community, private, and public health information exchanges
- Proof of concept migrating to full implementation
- Prioritized focus for interoperability and meaningful use
  - Clinicians
  - Citizens
  - Public Health entities
  - Payers (private and public)

# Health Information Exchange



## **BUSINESS & TECHNICAL OPERATIONS WORKGROUP**

### **Strategic Planning Draft**



# Recommendations Accepted by EC



- **HIE Functional Components**
  - Master Patient Index (MPI)
  - Record Locator System (RLS)
  - Security and Policy
  - Technical
- **Coordinate with Medicaid**
  - MMIS criteria
- **Coordinate with Public Health**
  - Stage 1 and 2 Meaningful Use criteria

# Recommendations Accepted by EC



- Primary Resource Areas / Staffing Requirements
  - Operational staffing
    - ✦ Compliance
    - ✦ Medical Coordination
    - ✦ Financial
    - ✦ Operations
    - ✦ Administrative
  - Technical support
  - Training and education
    - ✦ Workforce development
    - ✦ Health system staff training

# Revision Requested by EC



- Include the Providers in the pilot or Proof of Concept phase
- Reduce the specificity of resources and collaboration with Medicaid
- Provide more generalizations in the public health meaningful use criteria
- Add data standardization and normalization to the resources and staffing responsibilities
- Add data quality and integrity functions to the resources and staffing responsibilities

# Recommendation of Shared Services

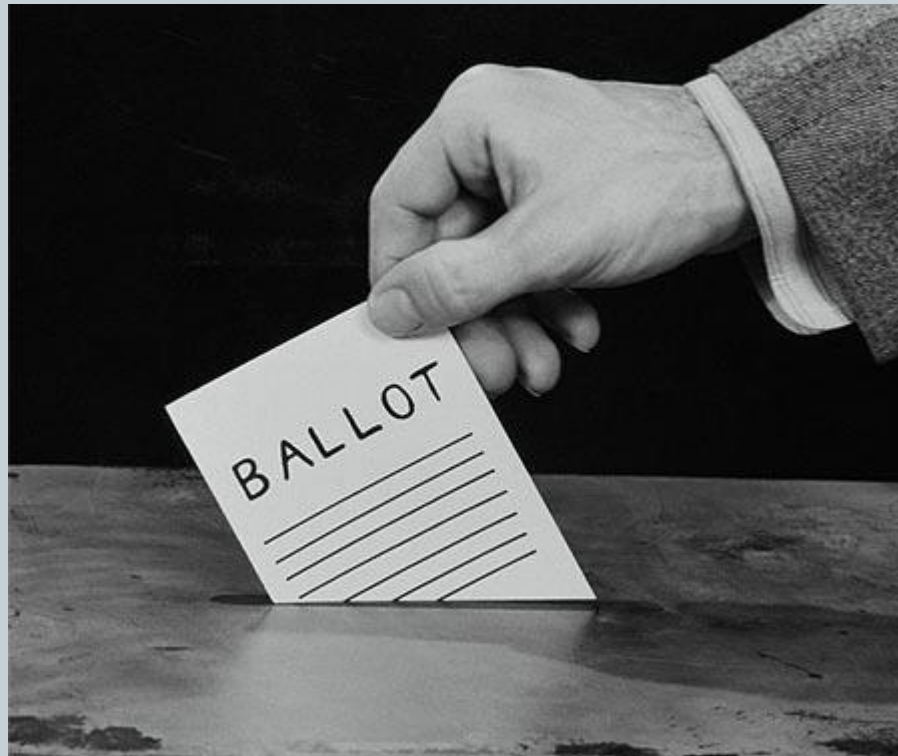


**Table 1. Proposed HIE Shared Services and Requirements**

HIE Requirement
Master Patient Index (MPI)
Record Locator Service (RLS)
Record Demographics <i>Includes but not limited to name, date of birth, gender, race/ethnicity, insurance</i>
Record and Chart Vitals Information <i>Includes but not limited to height, weight, BMI, smoking status</i>
Diagnosis/Problems List/Health Issues
Diagnostic Test Results
ePrescribing <i>Includes but not limited to active medication list, active medication allergy list,</i>
Visit/Encounter Information
Clinical Summaries/Documentation
Immunization Registry Data Information
Public Health Information <i>Includes reportable lab results, syndromic surveillance data reporting</i>

Table 1 reflects the initial set of components and requirements proposed for incorporation in the Arkansas SHARE during the proof of concept and initial phases. A development timeline will be established to include this and future stages. Additional components and requirements to be incorporated as the SHARE's scope evolves include but will not be limited to payer claims adjudication, insurance eligibility reconciliation, and patient access to their health information.

# VOTE



# Health Information Exchange



## **LEGAL AND POLICY WORKGROUP DRAFT STRATEGIC PLAN**

# Legal Resources



## Identified Extant Resources

- *Arkansas Roadmap for Health Information Exchange* prepared by the AFMC/DHS Regional Quality Improvement Project
- Health Information Security and Privacy Collaboration Final Report
- *The HIPAA Handbook*, a comprehensive HIPAA preemption analysis of state laws affecting health information published by the Arkansas Bar Association
- Model Policies
- Legal Form Documents

## Prepared New Resources

- LPWG Table of Issues
- LPWG Matrix of Applicable Federal Laws

# Elements for State Legislation



- Scope of operations
- Functions and responsibilities
- Composition of governing board
- Timing and content of periodic public reports
- Requirements for providers
- Method of choice for consumer participation
- External responsibilities for system oversight
- Penalties for unauthorized or inappropriate access, use, or disclosure
- Interstate Exchange



# Other Key Legal Issues



- Opt in – Opt out
- Participant Agreement
- Patient/Consumer Portal
- Liability for Treatment based on Incorrect Information

# VOTE



# HIE RFI Announcement



# RFI Timeline



Event	Date
Release RFI	April 8, 2010
Deadline for Notice of Intent to Respond	April 15, 2010, 3 p.m. CDT
Vendor Questions Due	April 20, 2010, 3 p.m. CDT
Release Clarifications based on Vendor Questions	April 27, 2010
Vendor RFI Responses Due	May 7, 2010, 3 p.m. CDT
Planning Date for Future Request(s) for Proposal	Not Before September 1, 2010